

Case Number:	CM15-0182703		
Date Assigned:	09/23/2015	Date of Injury:	02/08/2006
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male, who sustained an industrial-work injury on 2-8-06. He reported initial complaints of right shoulder pain. The injured worker was diagnosed as having internal derangement of the shoulder and lumbar spine disc disorder. Treatment to date has included medication, surgery (right rotator cuff repair in 2007/status post right shoulder injection on 7-23-15), physical therapy, and diagnostics. MRI results were reported on 3-13-15 of the right shoulder reported post- surgical changes of the rotator cuff with apparent tendinosis of the supraspinatus and partial thickness tear of the supraspinatus, no tendon retraction or muscle atrophy, subacromial bursitis versus extension of the joint fluid from the fenestration of the supraspinatus, apparent anterior-superior labral tear with a paralabral cyst, mild tenosynovitis of the biceps tendon, and mild tendinosis of the subscapularis but no tear. Currently, the injured worker complains of increased pain and swelling to right shoulder status post injection on 7-23-15. Per the primary physician's progress report (PR-2) on 8-10-15, the right shoulder has positive impingement, decreased range of motion. On 8-10-15, there is continued significant pain, status post subacromial injection 2 weeks prior with provided some relief of pain. There was decreased range of motion and positive impingement and Speed's tests. Plan was for right shoulder surgery. Current plan of care includes post op single point cane and shower chair. The Request for Authorization requested service to include Shower chair for the right shoulder and Post-op single point cane for the right shoulder. The Utilization Review on 8-20-15 denied the request for both since documentation is missing as to how shoulder surgery would necessitate this equipment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Shower chair for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Durable Medical Equipment (DME) Section.

Decision rationale: MTUS guidelines do not address the use of shower chairs; therefore, alternative guidelines were consulted. Per the ODG, special medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, the injured worker was scheduled for right shoulder arthroscopy and possible rotator cuff repair on 10/14/15. A shower chair is being requested post-operatively. The available documentation does not provide any rationale as to why a special shower chair is needed after a shoulder surgery, therefore, the request for shower chair for the right shoulder is not medically necessary.

Post-op single point cane for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter/Walking Aids Section.

Decision rationale: The MTUS Guidelines do not address the use of single point canes. The ODG does recommend the use of walkers or canes to reduce pain associated with osteoarthritis. In this case, the injured worker was scheduled for right shoulder arthroscopy and possible rotator

cuff repair on 10/14/15. A single point cane is being requested post-operatively. The available documentation does not provide any rationale as to why a single point cane is needed after a shoulder surgery; therefore, the request for post-op single point cane for the right shoulder is not medically necessary.